WORLD TRAVEL SERVICE * National Institutes of Health MEETING TRAVEL FastRes Fax Form

Telephone: 301-816-2160 - Fax: 301-816-0715 - E-mail: WTS@mail.nih.gov

Fax this form to WTS. We will fax a suggested itinerary to you within three business days.

			TRAVELER	INFORMA	TION				
Meeting Code: (See mailing for your Code)		\leftarrow \leftarrow Important!! \leftarrow \leftarrow							
Traveler Name:	Mr. M	lrs. Ms. D	r.:						
Business Address:									
City/State/Zip Code:							(No Post Office boxes, p	olease.)	
Home Address:									
City/State/Zip Code:							(No Post Office boxes, p	olease.)	
		Note: Ticke	ets sent t <u>el</u>	ome Addr	esse susua	ally arrive faster and	more reliably.		
Business Telephone:				Business F	ax:				
Home Telephone:				E-mail:					
Secretary/Assistant:				Asst.'s Pho					
			TRAVEL	PREFEREN	CES				
Seating:	Window A	Aisle Smoking-If/	Available	Non-smoking	(If no pre	ference, WTS will assume	Aisle, Non-smoking)		
Class of Service:	First E	First Business Coach (Business & First Class require prior approval.)							
Meals: (If Available)	LowFat L	.owCal. Kosher	Vegetarian	Fish	Other				
Preferred Airline(s):									
Will you accept an Electro	nic Ticket? Y	es No. (This	means no ticke	t is sent to yo	u. You go	directly to Airline Gate & get	your Boarding Pass.)		
			TRIP IN	FORMATIO	N				
From (Airport, if more	than one.) <u>T</u>	o (Airport, if more	than one.)		Date	e/Approx. Time	Comments		
1.									
2.									
3.									
4.									
Special Needs:									
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Airlin	FREQUENT FLYER/USER PROGRAMS Account Number(s)								
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ı а	utnorize this	s reservatio	on for my	attendal	ice at t	the above NIH me	eting.		
	Signature						Date		
						Revised Februa	arv 4 200		